

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to direct the Virginia Department of Health to evaluate the All-Payer Claims Database; report.

[H 184]

Approved

Be it enacted by the General Assembly of Virginia:

1. § 1. The Virginia Department of Health (the Department), in consultation with Virginia Health Information, shall conduct an evaluation of the All-Payer Claims Database created under § 32.1-276.7:1 of the Code of Virginia and the data submitted thereto in facilitating data-driven, evidence-based improvements in access, quality, and cost of health care in the Commonwealth. In conducting its evaluation, the Department shall (i) evaluate the ability of the All-Payer Claims Database to provide data necessary to support regulatory reporting and compliance requirements under existing law and to support mandated benefit assessments requiring analysis of utilization and cost for services identified by International Classification of Diseases and Current Procedural Terminology codes, stratified by sites of service, provider type, and payer type; (ii) assess and propose additional appropriate uses of data from the All-Payer Claims Database, including monitoring health care cost trends and price variation across service categories, evaluating the impact of mandated benefits on premiums and utilization, supporting public health initiatives and transparency reporting, and informing policy decisions on network adequacy, access to care, and cost containment strategies, including site-neutral payment policies; (iii) evaluate and recommend legislative and regulatory changes that are necessary to authorize expanded uses of data from the All-Payer Claims Database beyond current statutory purposes; and (iv) review data elements and structure from the All-Payer Claims Database to identify gaps in data availability, timeliness, and completeness to determine whether supplemental data collection or health insurance carrier reporting is necessary and to recommend enhancements to data collection and reporting processes for the All-Payer Claims Database. In conducting its evaluation, the Department shall consult with interested health insurance carriers, health care providers, researchers, and individuals covered by health insurance policies, contracts, and plans. The Department shall submit a report of its findings and recommendations, which shall include (a) findings on capabilities and limitations of the All-Payer Claims Database; (b) recommendations for improving utility of the All-Payer Claims Database for regulatory compliance, mandated benefit assessments, and additional appropriate uses; (c) an analysis of whether legislative and regulatory changes are necessary; and (d) a proposed timeline for implementing recommended changes. The Department shall submit a report of its findings and recommendations to the Governor and the General Assembly no later than December 1, 2026.